

How should cases be reported?

- By faxing or mailing a case report form.
Fax: 617-624-5696
Mail: MDPH, OHSP
250 Washington Street
4th Floor
Boston, MA 02108
- Alternate forms with required information are acceptable.
- By telephone 617-624-5632. After hours, messages may be left on the toll free hotline 800-338-5223.

The case report form is available at:

mass.gov/doc/occupational-illness-and-injury-reporting-guidelines-and-confidential-reporting-form-0/download (DOC)

mass.gov/doc/occupational-illness-and-injury-reporting-guidelines-and-confidential-reporting-form/download (PDF)

For more information

To obtain DPH forms for reporting cases of occupational disease and injury, or to find out more about reporting regulations, contact:

**Massachusetts Department of Public Health
Bureau of Community Health and Prevention
Occupational Health Surveillance Program
250 Washington Street, 4th Floor
Boston, MA 02108**

Phone: 617-624-5632

Fax: 617-624-5676

Confidential Fax: 617-624-5696

mass.gov/orgs/occupational-health-surveillance-program

Reporting Occupational Diseases and Injuries *in Massachusetts*

Health Care Providers' Responsibility Under Public Health Law



Massachusetts Department of Public Health
Occupational Health Surveillance Program

“Historically, many occupational hazards have first been brought to light by astute clinicians. By reporting cases of work-related disease, health care providers play a crucial role in protecting the health of working people.”

David H. Wegman M.D.
Emeritus Professor of Work Environment
University of Massachusetts Lowell

All health care providers practicing in Massachusetts are required to report certain work-related diseases and injuries to the Massachusetts Department of Public Health. These reporting requirements are part of a national effort to document the incidence of occupational diseases, injuries, and exposures, with the goal of preventing work-related health problems. The Code of Massachusetts Regulations (105 CMR 300) requires all health care providers to report the following diseases and injuries:

Serious work-related traumatic injuries to persons less than 18 years of age

Work-related acute chemical poisoning: carbon monoxide poisoning, pesticide poisoning, and other poisoning believed to be related to exposures to chemicals at work.

Work-related lung disease: asthma caused or aggravated by workplace exposures, asbestosis, silicosis, beryllium disease, chemical pneumonitis, and any other work-related lung disease.

Heavy metal absorption: mercury (blood ≥ 15 $\mu\text{g/L}$, or urine ≥ 35 $\mu\text{g/gram creatinine}$), cadmium (blood ≥ 5 $\mu\text{g/L}$, or urine > 5 $\mu\text{g/gram creatinine}$), and any other case of heavy metal absorption believed to be related to exposures at work. *(Providers are not required to report elevated lead levels. Lead levels > 0 $\mu\text{g/dL}$ in blood in persons 15 years and older are reported by laboratories to the Massachusetts Occupational Lead Poisoning Registry.)*

Outbreaks of work-related diseases: occurrence in a workplace of cases of an illness in excess of the number of cases usually expected. Work-related disease is defined as a disease or condition which is believed to be caused or aggravated by conditions in the individual's workplace. Outbreaks or clusters are identified by significant increases in the usual frequency of the disease, among the specified population, at the same season of the year.

Who must report cases?

Any health care provider who diagnoses or identifies a reportable condition must report the case to the Massachusetts Department of Public Health (DPH). Providers include physicians, nurses, psychologists, social workers, hospitals, clinics or nursing homes. The health care provider may designate a staff person to complete the report.

How is confidentiality protected?

Patient identifying information is confidential and will not be disclosed without patient permission, except as authorized by law, or when necessary to correct an imminent danger. Only aggregate data are available to the public.

Is it a violation of HIPAA for a healthcare provider to report cases or provide medical information to DPH?

No. Reporting to DPH does not violate HIPAA because Massachusetts' regulations (105 CMR 300) require reporting of these occupational diseases and injuries. HIPAA expressly authorizes health care providers to disclose protected health information, without written permission of the individual, to DPH, the public health authority authorized to receive it (45CFR § 164.512(b)). More information on HIPAA is available from CDC [cdc.gov/mmwr/pdf/wk/mm52su01.pdf](https://www.cdc.gov/mmwr/pdf/wk/mm52su01.pdf)

Why should I report these cases?

The purpose of the reporting requirements is to identify workers at risk and potential workplace hazards that require preventive action. By reporting cases to DPH, health care providers play an important role in primary prevention of work-related health problems.

What happens after a case is reported?

- You may be contacted to see if immediate action is needed. In some cases, DPH may request patient medical records or other information, as authorized by law (105 CMR 300.191).
- In some cases, the patient may be contacted for a telephone interview about the conditions at work that contributed to the disease or injury. Only patients who provide informed consent are interviewed.
- Worksite follow-up may be initiated after considering: seriousness of the hazard; number of similar cases; advice of the reporting health care provider; and the wishes of the patient. If appropriate, workplace evaluations will be conducted by a federal, state or local agency.
- You will be informed of referrals or other efforts made on behalf of your patients to reduce workplace hazards.
- Data are periodically summarized to identify industries and occupations in which workers are at risk.

What do reporting health care providers receive from DPH?

- DPH's periodic occupational health bulletins and data summaries describing occupational disease and injury in Massachusetts.
- Educational materials for patients.
- Technical consultations, if requested.
- Presentation at grand rounds, conferences and association meetings.
- Your patient's workplace evaluation results, if a worksite visit is completed.

Reporting Guidelines (Select Conditions)

A complete list is available

[mass.gov/regulations/105-CMR-30000-reportable-diseases-surveillance-and-isolation-and-quarantine-requirements](https://www.mass.gov/regulations/105-CMR-30000-reportable-diseases-surveillance-and-isolation-and-quarantine-requirements)

See 105 CMR 300.180. and 300.191

Report all suspected or confirmed cases of:

Serious work-related traumatic injury to a person less than 18 years of age

Any minor/young adult with a serious work-related traumatic injury, defined as an injury that results in death or hospitalization, or, in the judgment of the treating health care provider, results in:

- significant scarring or disfigurement;
- permanent disability;
- protracted loss of consciousness;
- loss of body part or function; or
- less significant injury but similar to injuries sustained by others at the same workplace.

Work-related acute chemical poisoning

Carbon Monoxide (CO) Poisoning

Any patient with a physician's diagnosis of CO poisoning AND a history of occupational exposure.

Pesticide Poisoning

Any patient with a physician's diagnosis of acute systemic illness or subacute illness or condition (e.g. dermatologic, ophthalmologic) due to pesticides; AND a history of occupational exposure.

Other Acute Chemical Poisoning

Any patient with acute poisoning caused by occupational exposure to any other chemical (e.g. cyanide, hydrogen sulfide, chlorinated hydrocarbon solvents).



Work-related asthma

Patients with a physician's diagnosis of asthma AND an association between symptoms and work:

- newly sensitized by exposures at work, OR
- with pre-existing asthma exacerbated by exposures at work, OR
- for whom a one-time exposure to chemical(s) at work resulted in generalized airway hyperactivity.

Other work-related lung diseases

Chemical or Hypersensitivity Pneumonitis

- diagnosis of pneumonitis; with a history of recent work exposure to a suspect agent

Pneumoconiosis

- diagnosis of silicosis, asbestosis, berylliosis or other pneumoconiosis

Other possible work-related lung diseases

- COPD, infectious disease, bronchiolitis obliterans with suspicion of work causation or exacerbation

What information is to be reported?

- Your name, address and phone number;
- Your patient's name, address, phone number, race, sex, date of birth, occupation;
- The employer's name, location, and type of business where the exposure/injury occurred;
- The confirmed or suspected diagnosis;
- Date of diagnosis; and
- The suspected hazard or exposure, if known.